

# Workers Compensation Insurance Coverage Information

(attach to building permit application)

**A. The applicant is:**

A contractor within the meaning of the Pennsylvania Workers Compensation Law

\_\_\_\_ Yes                      \_\_\_\_ No

If the answer is "yes", complete sections B and C below, as applicable.

**B. Insurance Information:**

Name of Applicant: \_\_\_\_\_

Federal or State Employer Identification Number: \_\_\_\_\_

Applicant is a qualified self-insurer for Workers Compensation

\_\_\_\_ Certificate attached

Policy Expiration Date: \_\_\_\_\_

**C. Exemption**

Complete Section C if the applicant is a contractor claiming exemption from providing Workers Compensation insurance.

The undersigned swears or affirms that he/she is not required to provide Workers Compensation insurance under the provisions of Pennsylvania Workers Compensation law for one of the following reasons, as indicated:

\_\_\_\_ Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless the contractor provides proof of insurance to the Township.

\_\_\_\_ Religious exemption under Workers' Compensation law.

Subscribed and sworn before me this

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

(signature of Notary Public)

My Commission expires: \_\_\_\_\_

(seal)

Signature of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County of: \_\_\_\_\_

Municipality of: \_\_\_\_\_

**PLEASE ATTACH A COPY OF INSURANCE CERTIFICATE**